

2356

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 149

Place of Birth GlobeCounty Gila

No.

St.

(Registration District)

SEX OF CHILD* M Twin Triplet or other? } and } Number in order of birthDATE OF BIRTH* 5 - 30 - 1914
(Month) (Day) (Year)FULL* NAME Juan Vasquez, Jr., FATHERFULL* MAIDEN NAME Marie Guarena MOTHERI HEREBY CERTIFY that the child described herein
has been namedEdward L. Vasquez
(Give name in full) (Surname)Mary L. Vasquez
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 12-46

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

58720-506-10-1-1

559-530-471